



City of New Brighton

Manufactured Home/ Accessory Installation

Permit Application 2015

PLEASE PRINT AND COMPLETE BOTH PAGES OF THE APPLICATION

Park Name: _____

Job Site Address: _____ Unit # _____ Zip _____

Project Valuation: \$_____ Applicant Is: ☐ Owner and Occupant ☐ Contractor
(must include material and labor costs)

Property Owner			
Name _____			
Address _____			Unit # _____
City _____		State _____	Zip _____
Phone () _____			
Contractor			
Name _____		Installer's Name _____	
Address _____			
City _____		State _____	Zip _____
Phone () _____		License # _____	Email _____
Property Use	Type of Structure	Type of Work	FEES
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input type="checkbox"/> Principal Bldg <input type="checkbox"/> Accessory Bldg Other _____	<input type="checkbox"/> New Bldg <input type="checkbox"/> Existing Bldg <input type="checkbox"/> Repair / Replace	Permit Fee: _____ Admin Fee: _____ \$15.00 _____ State Surcharge: _____ \$1.00 _____ Investigation Fee: _____ Other _____ TOTAL DUE: _____
Types of Homes(s) (check all that apply)			
Single Wide \$79.00 <input type="checkbox"/> Double Wide \$95.00 <input type="checkbox"/> Each Add'l Width \$ 16.00 <input type="checkbox"/>			

Additional Permits Are Required For Electrical, Plumbing (sewer & water), and Mechanical (gas)

REQUIRED ITEMS TO BE SUBMITTED WITH APPLICATION:

Check if items are included

Accurate Site plan: Note Setbacks

Soils report: a minimum of 2 engineered soil bearing capacity tests

Manufacturer's anchoring specifications Home and Site specific

Permit will become void 180 days from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction.

Applicant's Signature _____ **Date** _____

<i>For Office Use Only</i>				
Permit # _____	Project # _____	Entered _____	Approved _____	Issued _____

MANUFACTURED HOME:

Brand Name:_____ Model Name:_____
Serial Number:_____ Date of Manufacturer:_____
Construction Label Numbers:_____
HUD Code 06/14/76 and newer, State Code 7/01/72 to 06/14/76, Pre-code prior to 07/01/72
Roof Load Zone:_____ Heating/Cooling Zone:_____

INSPECTION:**Installation:**

Seals/Certificates#_____ Anchoring#_____
(Anchoring may be required by Municipal Ordinance park rule for pre code and State Code homes. Anchoring is required for HUD Code homes.)

Instructions Used: Manufacturers_____ State Chapter 1350_____
(Homes constructed after June 14, 1976, requires manufacturer's instructions be used.)

Foundation to State Building Code: YES or NO (circle one)
(May be required by manufacturer's instructions in a park set or by code adoption or zoning ordinance in a private property set.)

Foundation Type:

Piers below frost depth:_____ Crawl space:_____
Full depth basement (treated wood, concrete block, poured concrete or other)_____
Engineered slab on grade (signed approval by Dapia or MN Engineer)

Support Footings: Type:_____ Size:_____

Soil Conditions:_____ PSF Pier Material:_____

Pier Spacing: _____ Feet _____ Inches in center (calculations should be submitted for review prior to inspection.)

Shims: Material Used:_____
Size:_____ (minimum 4" x 6" hardwood)

Clothes Dryer vented to outside crawlspace or skirted area: YES or NO (circle one)
Material Used:_____

Fresh Air intakes to outside crawlspace or skirted area: (if required for fireplace or furnace or water heater) YES or NO (circle one)

Anchoring Equipment (If applicable):
Anchors Used: (manufacturer's model numbers) _____
Soil test Probe Torque Value _____ inch pounds

Conditions of Issuance**Required Inspections**

	<u>Add</u>	<u>Delete</u>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Consultation
_____	<input type="checkbox"/>	<input type="checkbox"/>	Final
_____	<input type="checkbox"/>	<input type="checkbox"/>	Plan Review
_____	<input type="checkbox"/>	<input type="checkbox"/>	Trench

Specific Description of Work to be Completed